NOTICE OF FEE DUE

DATE:	11/10/0	4			i	
TO:	<u> 155UE</u>	FEE				
FROM:	Office of Initial P	atent Examinatio	n			
SUBJECT	Fee Due					
APPLICATIO	N NUMBER]	10 724	478			
Office for the authorization	or the attached doctor following reason. to charge a deposite. If an authorizat	Please check the account. If an au	application f athorization i	or the approp s present, ple	oriate ease charge	the iency.
Insufficien	t fee by check					
Insufficien	t funds in deposit an	nount				
Declined of	edit card	•				
Non-author	ization for charge to	deposit account				
No fee subi	mitted per requireme	nt	•			•
The correct fee of	ode: <u>2503</u>		amount	\$3_	0 2	
The suspended fe	ee code: 1999		amount	\$ _ 3 &	20_	
Fee Due			amount	=\$	O	
If you have any of Eleanor Kurtz 70	questions, please con 3-308-3642	tact Cynthia Stream	ter at 703-306-	-5430 or	•	

Terminal Operator MWSi Suyur